



175040049

OR FISCAL YEAR BEGINNING 2017, ENDING

Federal Employer Identification Number (9 digits)

Name of Estate or Trust

Name and Title of Fiduciary

Current Mailing Address of Fiduciary - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)

City or Town State ZIP Code +4

TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.

- 1. Decedent's estate 2. Simple trust 3. Complex trust 4. Grantor type trust 5. Bankruptcy estate 6. Qualified funeral trust 7. Electing Small Business Trust 8. Other

DECEDENT'S ESTATE INFORMATION

If Decedent's estate:

Date of death

Domicile of decedent

Decedent's Social Security Number

Check here if final return.

(do not enter / or -)

RESIDENT STATUS

Check box if resident and complete the following

Subdivision Code

County

City, town or taxing area

Check box if nonresident. See Form 504NR

AMENDED RETURN

Check applicable box(es).

- This is an amended return. (Attach explanation.) Net operating loss is being carried back. Name or address has changed.

Table with 13 rows of tax items and their corresponding line numbers and values.



175040149

NAME \_\_\_\_\_ FEIN \_\_\_\_\_

<b>14.</b> Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements from Part K, line 1 and Part K, line 6 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	14.	_____ . ____
<b>15.</b> Enter the Nonrefundable Business Tax Credits from Part BB of Form 504CR. . . . .	▶ 15.	_____ . ____
<b>16.</b> Total credits (Add lines 14 and 15) . . . . .	16.	_____ . ____
<b>17.</b> Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero). . . . .	17.	_____ . ____
<b>18.</b> Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by .0 _____). See Instruction 15. Non-residents: enter zero. . . . .	18.	_____ . ____
<b>19.</b> Local Credit for fiduciary income tax paid to another state from Part L of Form 502CR. . . . .	19.	_____ . ____
<b>20.</b> Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero . . . . .	20.	_____ . ____
<b>21.</b> Total Maryland and local tax. (Add lines 17 and 20.) . . . . .	21.	_____ . ____
<b>22.</b> Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	▶ 22.	_____ . ____
<b>23.</b> Contribution to Developmental Disabilities Services and Support Fund. . . . .	▶ 23.	_____ . ____
<b>24.</b> Contribution to Maryland Cancer Fund . . . . .	▶ 24.	_____ . ____
<b>25.</b> Contribution to Fair Campaign Financing Fund . . . . .	▶ 25.	_____ . ____
<b>26. Total Maryland income tax, local income tax and contributions</b> (Add lines 21 through 25.)	26.	_____ . ____
<b>27.</b> Maryland and local tax withheld. See Instruction 17. . . . .	▶ 27.	_____ . ____
<b>28.</b> Estimated tax payments and payments made with extension request and with Form MW506NRS. . . . .	▶ 28.	_____ . ____
<b>29.</b> Nonresident tax paid by pass-through entities. ( <b>Attach Maryland Schedule K-1 (510).</b> ) . . . . .	▶ 29.	_____ . ____
<b>30.</b> Refundable Business and/or Heritage Structure Rehabilitation tax credits ( <b>Attach Form 504CR and/or Form 502S.</b> ) . . . . .	▶ 30.	_____ . ____
<b>31.</b> Total payments and credits (Add lines 27 through 30.) . . . . .	31.	_____ . ____
<b>32.</b> Balance due (If line 26 is more than line 31, enter the difference.) . . . . .	▶ 32.	_____ . ____
<b>33.</b> Overpayment (If line 26 is less than line 31, enter the difference.) . . . . .	▶ 33.	_____ . ____
<b>34.</b> Amount of overpayment to be applied to 2018 estimated tax . . . . .	▶ 34.	_____ . ____
<b>35.</b> Amount of overpayment to be refunded (Subtract line 34 from line 33.) . . . . .	▶ 35.	_____ . ____
<b>36.</b> Interest charges from Form 504UP _____ or for late filing _____ . . . . .	▶ 36.	_____ . ____
<b>37. TOTAL AMOUNT DUE</b> (Add lines 32 and 36.) . . . . .	37.	_____ . ____

**AMENDED RETURNS**

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any bar codes on the front. Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.



175040249

NAME \_\_\_\_\_ FEIN \_\_\_\_\_

**DIRECT DEPOSIT OF REFUND** See Instruction 18.

Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box  and see Instruction 18.

**38.** For the direct deposit option, complete the following information clearly and legibly:

**38a.** Type of account: ..... **▶ 38a.**  Checking  Savings

**38b.** Routing Number (9-digits): ..... **▶ 38b.** \_\_\_\_\_

**38c.** Account number: ..... **▶ 38c.** \_\_\_\_\_

**SIGNATURE AND VERIFICATION**

Check here  if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Signature of fiduciary or officer representing fiduciary Date

\_\_\_\_\_  
Signature of preparer other than fiduciary Date

\_\_\_\_\_  
Address and telephone number of preparer

**▶** \_\_\_\_\_  
Preparer's PTIN (required by law)

**▶** \_\_\_\_\_  
Daytime telephone number (Fiduciary)



**Nonresidents must include Form 504NR with submitted Form 504.**

**Make checks payable to and mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001  
(Write Your Federal Employer Identification Number On Check  
Using Blue Or Black Ink.)